

INSTRUCTIONS

You have been identified as a Past Performance Reference for the contractor indicated in Block 1 below. This contractor is proposing on a U.S. Patent and Trademark Office (USPTO) acquisition for USPTO's Pre Grant Publication Classification Services. We value your input and appreciate greatly your willingness to thoughtfully complete this questionnaire.

Block 1. Contractor Name:

Please complete the following steps (1) Fully complete the questionnaire on page 2 and complete the signature page on page 4, (2) Place in a sealed envelope which contains your agency's/company's letter head and (3) Return to the offeror you evaluated for inclusion in offeror's proposal to be submitted to the USPTO by the closing date. If you have questions, please contact our Contracting Officer, Mr. Chris Hannah, at (571)-272-6555.

Please use the supplemental information section at the end of the questionnaire to expand on your ratings, making sure to identify your comments with the appropriate question number. You may expand on and more fully discuss any of the questions. Use extra pages as necessary. Negative responses may be referred to the contractor to permit rebuttal. Neither your name nor position within your organization will be divulged either during or after this survey has been completed.

Contract Information

Contractor/Division: _____
Program Title: _____
Contract Number: _____
Contract Award Date: _____
Contract Completion Date: _____
Period of Performance: _____
Type of Contract: _____

The following are the definitions for the rating system being used:

- 5 - **Excellent** – No issues. Requirements were achieved within cost, on time, and in conformance with contract.
- 4 - **Good** – Issues did not impact achievement of requirements.
- 3 - **Average** – Issues required minor Agency resources to ensure achievement of requirements.
- 2 - **Marginal** – Issues required major Agency resources to ensure achievement of requirements.
- 1 - **Unsatisfactory** – Issues compromised the achievement of requirements.

QUESTIONNAIRE
(Please check the appropriate box for each rating factor)

QUALITY:	N/A	1	2	3	4	5
Compliance with contract requirements, accuracy, appropriateness of personnel, technical excellence						
CUSTOMER SERVICE:	N/A	1	2	3	4	5
Satisfaction of end users, team approach with customer, positive customer feedback, courteous interactions, prompt responses						
TIMELINESS OF PERFORMANCE:	N/A	1	2	3	4	5
Reliable, responsive, completed on time, no penalties or liquidated damages assessed						
BUSINESS RELATIONS:	N/A	1	2	3	4	5
Effective Management, businesslike correspondence, flexible, prompt notification of problems, proactive, effective solutions						
OVERALL EVALUATION:	N/A	1	2	3	4	5
How would you rate the contractor's overall performance?						

WOULD YOU AWARD ANOTHER CONTRACT TO THIS VENDOR/CONTRACTOR?

YES _____ OR NO _____

INDICATE REASONS FOR YOUR RESPONSE (additional comments may be attached)

SUPPLEMENTAL INFORMATION

[illegible]

SIGNATURE PAGE

CUSTOMER ORGANIZATION
NAME AND ADDRESS

Evaluator's Printed Name

Title/Role (e.g., Program Manager, Contracting Officer)

Evaluator's Signature

Date

Phone

Please note the following regarding the confidentiality of your assessment:

By law, the Government will not disclose the names of individuals providing reference information during discussions with the contractor identified in Block 1 below.